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ABSTRACT

The report examines data on handicapped children in Project Head Start for 1980-81 (full year and 1980 summer program). Chapter 1 reviews background information on Head Start policies on services to handicapped children and diagnostic criteria for reporting handicapped children in Head Start. Chapter 2 discusses data from a survey of programs on number of handicapped children enrolled, types of handicaps (59% have been diagnosed as speech impaired) and severity of handicaps (21.5% of the handicapped enrollees have multiple handicapping conditions). The final chapter examines services provided to handicapped children: outreach and recruitment, diagnosis and assessment, mainstreaming and special services (those services provided by Head Start as well as other agencies), parent services (counseling, referral, meetings, home visits, transportation, workshops, etc.), training and technical assistance, coordination with other agencies, and summer programs. Appendixes include survey results by state or geographical entity, and tables showing the distribution of special services and educational programs broken down by handicapping condition. (CL)

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ED246598

THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

NINTH ANNUAL REPORT OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO THE CONGRESS OF THE UNITED STATES ON SERVICES PROVIDED TO HANDICAPPED CHILDREN IN PROJECT HEAD START

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

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TABLE OF CONTENTS

		Page
SUMMARY		ii
CHAPTER 1	Handicapped Children in Head Start - Background Information	1
	A. Purpose of This Report	1
	B. Overview of Head Start Policies on Services to Handicapped Children	1
CHAPTER 2	Status of Handicapped Children in Head Start	9
	A. Number of Handicapped Children Enrolled	10
	B. Types of Handicaps	12
	C. Severity of Handicaps	17
CHAPTER 3	Services to Handicapped Children	19
	A. Outreach and Recruitment	19
	B. Diagnosis and Assessment of Handicapped Children	20
	C. Mainstreaming and Special Services	22
	D. Training and Technical Assistance	29
	E. Coordination With Other Agencies	33
	F. Summer Head Start Programs	33
CONCLUSION		38
APPENDIX A	Survey Results of Handicapped Children in Head Start by State (or Geographical Entity)	39
APPENDIX B	Distribution of Programs Reporting Types of Special Educational or Related Services Provided by Head Start Staff by Handicapping Condition	44
APPENDIX C	Distribution of Programs Reporting Types of Special Services Received From Other Agencies by Handicapping Condition	46
APPENDIX D	Distribution of Programs Reporting Types of Special Services Provided to Parents of Handicapped Children by Handicapping Condition	49

SUMMARY

Section 640(d) of the Head Start Act of 1981 (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children ... and that services shall be provided to meet their special needs." In addition, the Act specifies the definition of handicapped children provided in "paragraph (1) of section 602 of the Education of the Handicapped Act." The Education of the Handicapped Act (P.L. 91-230) defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services.

Handicapped children must meet the eligiblity requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

It has been estimated that there are 194,300 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although there are various programs available to assist handicapped children, Head Start is making a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported in 1973. The proportion which they represent of the total program enrollment in 1980-1981 has risen slightly over 1979-80.

This report is based on the Survey of Head Start Handicapped Efforts in the 1980-81 Full Year and 1980 Summer Head Start programs as well as other supplementary data. It discusses the status of handicapped children in those Full Year and Summer Head Start programs that responded to the survey.

Highlights are:

- The number of handicapped children served by Head Start programs increased by 1,741 children to 45,430.

- Children professionally diagnosed as handicapped accounted for 12.3 percent of the total enrollment in full year programs. In comparison, in the 1979-80 program year, children professionally diagnosed as handicapped accounted for 12 percent of the total enrollment in full year programs.

- In 48 of the 50 States, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in full year programs. Only Alaska (9.9 percent) and Connecticut (9.1 percent) fell short of the 10 percent enrollment target. This issue is discussed in Chapter 2.

- The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 59 percent speech impaired, 11.7 percent health impaired, 6 percent seriously emotionally disturbed, 6 percent physically handicapped (orthopedically handicapped), 5.8 percent mentally retarded, 4.7 percent specific learning disabled, 3.4 percent hearing impaired, 2.8 percent visually impaired, 0.3 percent deaf, and 0.3 percent blind.*

- In 1981, 21.5 percent of the handicapped children enrolled in the reporting Head Start programs have multiple handicapping conditions compared to 25.1 percent in 1980. Some 14.1 percent of the handicapped children served required almost constant special assistance, 50.3 percent a fair amount of special assistance, and 35.6 percent little or some special assistance. The proportion of children reported as requiring almost constant special assistance reflected a decrease over 1980 (22.6 percent).

- In 1981, approximately 98.2 percent of all Head Start programs had enrolled at least one handicapped child.

- There were 644 programs (36.5 percent) that reported 2,986 handicapped children that they were not able to enroll. The reason most frequently reported was that of no available openings (37.4 percent). Speech impaired children comprised 46.5 percent of all handicapped children not enrolled. Of the programs which could not enroll one or more handicapped children, 75 percent referred these children to other agencies.

- Handicapped children were present in 89.5 percent of Head Start centers and 31.4 percent of Head Start classrooms in 1981 compared to 88.8 percent and 79.6 percent respectively in 1980.

The enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. In 1981, only 31 out of 1,766 Head Start programs served no handicapped children. Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis, i.e., that mainstreams preschool handicapped children. Preschool programs that mainstream

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*Of the handicapped children enrolled in Head Start, 59 percent have been diagnosed as speech impaired. Although this represents an increase of 3.2 percent over last year, it is less than the percentage of preschool handicapped children categorized as speech impaired by the public schools (see Figures 1 and 2). This shows a steady increase since the first Annual Report to Congress which recorded that 31 percent of the handicapped children were speech impaired.

handicapped children give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are some children who, for a variety of reasons, may do better at first in a non-mainstream environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Handicapped children enrolled in Head Start programs received the full range of child development services required in the Head Start Program Performance Standards as published in the Federal Register, June 30, 1975, for all Head Start children. These include education, parent involvement, social services, and health services (medical, dental, nutrition and mental health). In addition, they received the special education and related services required by the Head Start legislation. Some 93.8 percent of the Head Start programs reported special efforts to locate and recruit handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Of the 45,430 handicapped children who were enrolled in Head Start in reporting programs, 28.5 percent were diagnosed by professionals working in hospitals, clinics, or other public agencies; 28 percent were diagnosed by individual professionals employed by Head Start (including consultants); 18.2 percent by private physicians or other medical professionals; 13.4 percent by Head Start diagnostic teams (including consultants); and 11.9 percent by public agency diagnostic teams.

Head Start programs continued to increase their own staffs, facilities, and other capabilities to meet the growing service needs of the handicapped children enrolled. They also continued to use other agencies as sources of medical treatment and therapy (e.g., physical education exercises, speech training, and play therapy). A person was designated to coordinate services for handicapped children in 95.8 percent of the programs. About 24 percent of the programs required special modifications in their physical facilities in order to serve handicapped children; 71.3 percent of these had made or had scheduled the modifications; 60.3 percent of the programs had acquired or were acquiring special equipment or materials; 13.4 percent of all programs indicated the need for special transportation equipment.

In order to insure appropriate and high quality educational and developmental experiences for handicapped children, priority has been given by local programs to staff training with emphasis on teachers, aides, health and handicapped services coordinators. Some 80.4 percent of the programs provided preservice training to current staff, and 93.5 percent of the programs had provided inservice training to current staff.

Head Start programs reported a number of special services provided to parents of handicapped children, including counseling; referrals to other agencies; visits to homes, hospitals, etc.; inservice meetings; parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Head Start and other agencies and organizations concerned with handicapped children coordinate efforts in order to make maximum use of their available resources. Programs reported working with other agencies in several ways:

- 73 percent of the programs utilized local school systems, public health departments, and welfare agencies to locate and recruit handicapped children.

- 26 percent of the handicapped children were referred to Head Start by other agencies or individuals; 20.8 percent were referred and professionally diagnosed prior to Head Start.

- 55.3 percent of the children received special services from other agencies or individuals.

Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. During 1980-81, Head Start programs utilized 6,679 additional volunteers to provide special assistance to handicapped children, an increase of 500 volunteers over the previous year. Programs also reported utilizing 2,891 additional staff from outside agencies.

Eight program manuals are being utilized to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming handicapped children. The series was developed in collaboration with teams of national experts and Head Start teachers, under the direction of the Head Start Bureau in the Administration for Children, Youth and Families (ACYF).

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's allocation figures are based on the number of handicapped children, 3 through 21 years of age, currently being served.* As a major provider of services to preschool handicapped children, Head Start program personnel worked with local education agencies to insure that children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the State count. In addition, Head Start programs coordinated their searches for unserved handicapped children with the statewide "Child Find" efforts required under P.L. 94-142. Head Start personnel have also taken steps to increase their ability to use other resources such as the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

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*20 U.S.C. 1411(a)(1)(A)

The purposes of P.L. 94-142 are carried out in Head Start where handicapped children are given an opportunity to interact with children of varied abilities, needs and talents. Additionally, the Head Start program provides the special services required by handicapped children.

ACYF has facilitated a national thrust in the implementation of mainstreaming handicapped children through the funding of a national network of projects called Resource Access Projects (RAPs) to provide training and technical assistance to Head Start grantees. An interagency agreement between ACYF and the Office of Special Education in the Department of Education commenced in 1977 designating the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of the grantees in the development of State plans for preschool handicapped children as required under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 20 States.

To assure optimal transition by handicapped Head Start children into the public school, Head Start personnel serve as advocates for these children, helping parents understand how they can participate in developing an Individual Educational Program (IEP) for each handicapped child.

CHAPTER 1

Handicapped Children in Head Start
Background Information

A. Purpose of This Report

This is the Ninth Annual Report to the Congress on Head Start Services to Handicapped Children. Pursuant to the Head Start Act of 1981 (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions and the services being provided to them.

B. Overview of Head Start Policies on Services to Handicapped Children

Section 640(d) of the legislation requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children. . . and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts in response to this legislative mandate.

In addition, the Act specifies the definition of handicapped children provided in "paragraph (1) of Section 602 of the Education of the Handicapped Act." The Education of Handicapped Act (P.L. 91-230) defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services."* Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Head Start Bureau located in the Administration for Children, Youth and Families (ACYF) has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may

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*20 U.S.C. 1401(1)

be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would be detrimental to the child.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation in order to provide an adequate basis for special education, treatment and related services. Head Start programs must insure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on assuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education (formerly the Bureau of Education for the Handicapped) in the Department of Education and other agencies that serve handicapped children reviewed the criteria then being used by Head Start for reporting purposes. Based on that review, an expanded set of criteria was issued by Head Start. The expanded criteria included the addition of a "learning disabilities" category in order to be consistent with the Education for All Handicapped Children Act of 1975 (P.L. 94-142). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, they were specifically tailored to the developmental levels of the preschool population, aged 3-5.

In 1978, malnutrition was deleted from the "health impairment" category. A careful review of the category "health impairment", indicated that the inclusion of severe malnutrition was inconsistent with other conditions so cited. Malnutrition has been dealt with as part of the overall health services reporting and evaluation.

For 1982, in accordance with the Regulation issued in January 1981 by the Secretary of the Department of Education that made changes in the definition of

"handicapped children" under Part B of the Education of the Handicapped Act, as amended by P. L. 94-142, the reference to "autistic" children has been changed. The reference to "autistic" children has been deleted from the category "serious emotional disturbance" and added to the category "health impairment" for the subsequent reporting of handicapped children in Head Start.

Table A presents the diagnostic criteria used in reporting handicapping conditions of the children in 1980-81 Head Start programs.

TABLE A

Diagnostic Criteria for Reporting Handicapped Children in Head Start

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

Blindness - A child shall be reported as blind when any one of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Handicap) - A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially non-functional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness has been made in the State of residence.

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* Multiple Handicaps: Children will be reported as having multiple handicaps when, in addition to their primary or most disabling handicap, one or more other handicapping conditions are present.

Hearing Impairment (Handicap) - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Handicap (Orthopedic Handicap) - A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, and cerebral palsy.

Speech Impairment (Communication Disorder) - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping condition, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, or neurological disorders.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant subaverage intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

Specific Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

4. Severely and Substantially Handicapped Children - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so), and those children who are handicapped, as defined in the legislation and who, by reason of their handicap, require special education and related services (see Table A, Page 3). The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment requirements. Head Start considers the children who need special services, namely those whose handicap cannot be corrected or ameliorated without such special services, as substantially or severely handicapped. Children with minimal or milder handicapping conditions, but who do not require special services, will continue to receive appropriate Head Start services but these children are not considered as part of the Congressionally mandated target population. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

   Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially

handicapped children to learn and play with non-handicapped children is vital to their optimal development.

Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with nonhandicapped children. Severely handicapped children are enrolled in Head Start except when the professional diagnostic resource recommends that the placement would be detrimental to the child.

5. Services for the Handicapped Child - Head Start grantees and delegate agencies must insure that all handicapped children enrolled in the program receive the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. These services—education, social services, parent involvement and health services (including medical, dental, mental health and nutrition)—should consider the child's needs, his or her developmental potential and family circumstances. In addition, special education services and support services are provided to meet the unique needs of the individual handicapped child.

6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. Program Models - Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include a home-based model, a locally-designed option, a variation in

center attendance option, and the standard five-day center-based model, allow the flexibility necessary to individualize services to handicapped children and their families. Within each model, Head Start programs are encouraged to develop an individual service plan based on the professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to insure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the State count on which allocation of Federal education for handicapped funds is based. Head Start programs are also working with statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for All Handicapped Children Act of 1975 and by other State and local funding auspices. Head Start encourages such arrangements.

9. Ten Percent Handicapped Enrollment by State - Head Start's objective is to achieve at least 10 percent enrollment of handicapped children by State and to provide the special education and related services necessary to meet the children's needs. Primary

responsibility for assuring that at least 10 percent of Head Start enrollment opportunities within each State are available to handicapped children is placed at the ACYF Regional Office level. The Regional Offices work with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Handicapped Children in Head Start

Section 640(d) of the Head Start legislation requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the 1981 Survey of Head Start Handicapped Efforts conducted for ACYF by Informatics Inc. The basic information contained in this report on full year Head Start programs was collected by mail and telephone procedures. The 1981 survey questionnaires were mailed to all Head Start grantees and delegate agencies in January 1981. Head Start programs responded on the status of handicapped children as of March 1981. (A similar survey was conducted of Summer 1980 Head Start programs. Data on these programs are presented in Chapter 3.)

All of the 1,766 questionnaires mailed to Head Start full year programs were completed and returned for a response rate of 100 percent.

The mailout survey was organized into five major sections:

1. General Information - Data on both handicapped and nonhandicapped children, including enrollment rates by home-based and center-based options and the Parent Child Centers, number of centers and classes, number of programs with home-based options, enrollment of handicapped children by age, and outreach activities.

2. Staffing - Number and type of staff and volunteers.

3. Staff Training - Preservice and inservice training, including number of participants, hours of participation, topics, providers of training, and additional training needs and their approximate cost.

4. Physical Facilities, Equipment and Materials - Modification requirements for handicapped children, special transportation acquired and needed.

5. Enrollment of Handicapped Children Professionally Diagnosed at the Time of the Survey and the Services Provided - Data reported by each of the handicap categories on numbers enrolled, ages of children, sources of diagnosis, levels of assistance required, multiple handicaps, and services received (special services from other agencies, special education or related services in the classroom, services to parents).

information concerning diagnoses and the types of services provided were addressed by the category of handicap: blindness, visual impairment, deafness, hearing impairment, physical handicap (orthopedic handicap), speech impairment (communication disorder), health impairment, mental retardation, serious emotional disturbance, and specific learning disabilities.

A telephone validation survey was also conducted in August 1981 with a 10 percent sample (61 programs) of those full year respondents for whom questionnaires were considered fully completed and error free. The programs were randomly sampled by Region and State for this validation survey. The data from these programs support the overall survey results, suggesting that, at the time of the original survey, programs accurately reported the status of the handicapped Head Start children. The findings of the survey data are also consistent with information available from site visits by Head Start national and regional staff to Head Start programs serving handicapped children and from other independent sources.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 194,300 Head Start eligible handicapped children of preschool age (3-5) in the United States.* Although there are various programs available to assist handicapped children, Head Start is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has increased since the data were first reported in 1973. All but a small fraction of these children are being mainstreamed.

Highlights are:

- There were 45,430 handicapped children served in Head Start programs in 1981. The enrollment in last year's reporting programs was 43,689. Therefore, there were 1,741 more children served in 1981 than in 1980.

- Children professionally diagnosed as handicapped accounted for 12.3 percent of total enrollment in full year programs.

- In 48 of the 50 States, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment in full year programs.

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*The March 1981 Current Population Survey conducted by the Bureau of Census reported that the number of children in poverty in the age group 3-5 is 1,943,000. Based on the estimated prevalence of handicapped children in this age group, it is estimated that 10 percent, or 194,300 of these children are handicapped.

While Head Start has exceeded 10 percent nationally with a 12.3 percent enrollment, two States (Alaska, with enrollment of 9.9 percent; and Connecticut, with 9.1 percent) fell short of the 10 percent enrollment target. Six years ago, almost half (23 States) failed to achieve the minimum; five years ago, five States fell short of the 10 percent target; four years ago, California, with an enrollment of 8.9 percent, failed to achieve the 10 percent level; three years ago, Hawaii, with an enrollment of 9.5 percent, fell below the 10 percent level; two years ago three States, Texas, Hawaii and California, did not achieve the 10 percent level; and last year California, Connecticut and North Carolina failed to achieve the 10 percent level.

In the case of the two States that fell below the 10 percent level, efforts are underway to increase the enrollment of handicapped children in these States. The ACYF Regional Offices have been directed to work with the Head Start programs in these two States to identify the reasons for the underenrollment of handicapped children and to devise specific strategies for increasing their enrollment of handicapped children. Progress toward increasing the enrollment of handicapped children in these States will be reported in next year's Annual Report.

Other geographic entities reported the following proportion of enrollment of handicapped children: Guam, 16.6 percent; Puerto Rico, 11.1 percent; District of Columbia, 7.5 percent; Virgin Islands, 2.9 percent; and the Trust Territories of the Pacific Islands, 9.5 percent.

Indian programs reported 10.4 percent handicapped children enrolled, and Migrant programs 11 percent. (Appendix A provides enrollment data for each State and geographic entity, and Indian and Migrant programs.)

Efforts to increase the enrollment of handicapped children in Indian and Migrant Programs and in the Trust Territories of the Pacific Islands have been successful.

Ninety-eight and two tenths percent of the full year Head Start programs served at least one handicapped child. The proportion of programs enrolling at least one handicapped child has generally increased since 1975. In that year, 88 percent of the programs served at least one handicapped child; 95 percent in 1976, 97 percent in 1977, 98 percent in 1978, 96 percent in 1979 and 98 percent in 1980. In 1981, only 31 out of 1,766 Head Start programs served no handicapped children. Additionally, 89.5 percent of all Head Start centers and 81.3 percent of all Head Start classes served at least one handicapped child during the 1980-81 program year reflecting slight increases over those so reported in 1979-1980 (88.8 percent and 79.6 percent respectively).

Approximately 73.3 percent of Head Start programs have enrolled at least 10 percent handicapped children. The proportion of Head Start programs serving at least 10 percent handicapped children steadily increased through 1978, showed a slight decrease in 1979 and 1980, and now shows a five percent increase in 1981 over 1980.

There were 2,561 handicapped children served in the home-based option, a program which uses the home as the central facility and focuses on the parents as the primary factor in the child's development. These children represent 5.6 percent of all handicapped children in Head Start, and 9.7 percent of all the Head Start children who are served in the home-based option. The vast majority, 94.8 percent of these children (2,429), attended a group experience at least once a month. Additionally, 726 handicapped children who were in the home-based option last year were in the center-based option this year. This is an indication that the home-based option is being utilized appropriately, as a transition and supplement to the center-based mainstreaming situation, rather than as a substitute for it.

Of the 45,430 handicapped children served by Head Start programs, 23.4 percent were 3 years of age or under, including children in Parent Child Centers, 56.4 percent were 4 years old, 18.7 percent were 5 years old or older, and 1.6 percent were 6 years or older. (Head Start children 6 years of age or older are in communities where the children go directly from Head Start into first grade, predominantly in the southeastern States.)

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services.

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Figure 1 and Table 1 as a proportion of the total population of handicapped children in full year Head Start programs that responded to the survey. Of the handicapped children enrolled in Head Start, 59 percent have been diagnosed as speech impaired. Although this represents an increase of 3.2 percent over last year, it is less than the percentage of preschool handicapped children categorized as speech impaired by the public schools (see Figures 1 and 2). The increase in proportion of speech impaired children being served in Head Start has been an area of continued concern. An indepth study on this population is underway by ACYF.

FIGURE 1

PRIMARY OR MOST DISABLING HANDICAPPING CONDITION
OF HANDICAPPED CHILDREN ENROLLED IN FULL YEAR HEAD START

January - March 1981

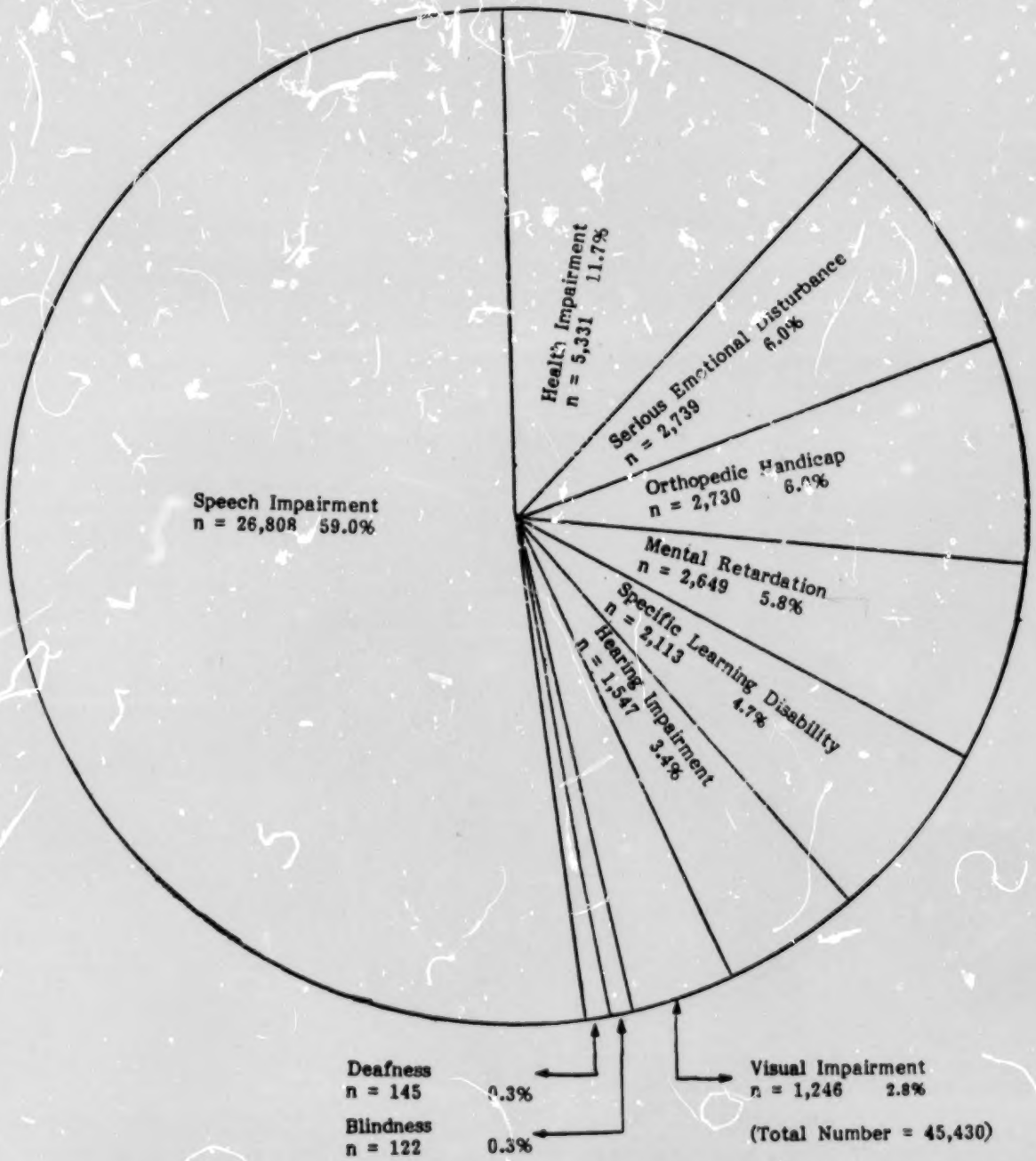
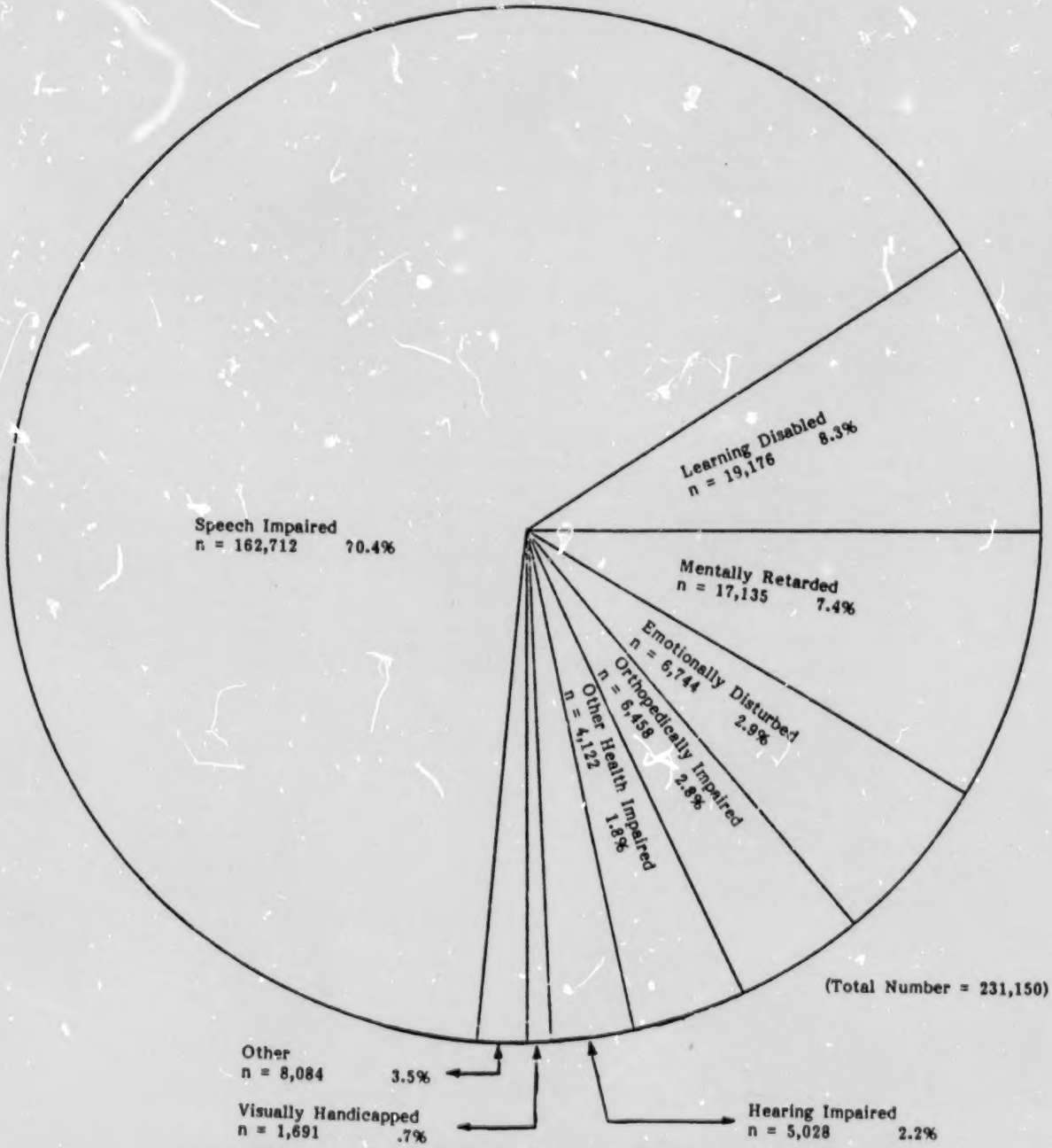


FIGURE 2

DIAGNOSTIC CATEGORY OF HANDICAPPED CHILDREN AGES 3-5 SERVED AS REPORTED BY STATE EDUCATION AGENCIES*

December 1, 1980

*Source: Data from the Office of Special Education, U.S. Department of Education. The data were reported by State Education Agencies as child count figures for 3-5 year old children served.



NOTE: The Visually Handicapped category includes blind children; Hearing Impaired includes deaf children; and Other includes deaf-blind and multiple handicapped children.

TABLE 1

Types of Handicapping Conditions of Children Professionally Diagnosed as Handicapped Being Served by Full Year Head Start Programs

Handicapping Condition	Number	Percent of Total Number Of Children Professionally Diagnosed as Handicapped
Speech Impairment	26,808	59.0
Health Impairment	5,331	11.7
Serious Emotional Disturbance	2,739	6.0
Physical Handicap	2,730	6.0
Mental Retardation	2,649	5.8
Specific Learning Disability	2,113	4.7
Hearing Impairment	1,547	3.4
Visual Impairment	1,246	2.8
Deafness	145	0.3
Blindness	122	0.3
TOTAL	45,430	100.0

Head Start programs have enrolled children with a wide range of handicapping conditions. Ninety-four and two tenths percent enrolled at least one child who was speech impaired; 60.8 percent of the programs enrolled at least one child whose primary handicapping condition was health impairment; for physical handicap, the proportion was 57.3 percent; mental retardation, 43.9 percent; serious emotional disturbance 41.8 percent; hearing impairment, 33.8 percent; visual impairment, 33.6 percent; specific learning disability 32 percent; deafness, 7.2 percent; blindness 6.3 percent.

There were 26,808 speech impaired children enrolled in Full Year Head Start programs. The data on the specific conditions of speech impairment are presented in Table 2.

TABLE 2

Specific Handicapping Conditions of Children Professionally Diagnosed as Speech Impaired

Specific Conditions	Percentage of Total
Severe Articulation Difficulties	46.1
Expressive or Receptive Language Disorders	44.7
Severe Stuttering	2.4
Voice Disorders	2.3
Cleft Palate, Cleft Lip	1.8
Other Speech Disorders	2.7
TOTAL	100.0

There were 5,331 health impaired children enrolled in Full Year Head Start programs. The data on the specific conditions of health impairment are presented in Table 3.

TABLE 3

Specific Handicapping Conditions of Children Professionally Diagnosed as Health Impaired

Specific Conditions	Percentage of Total
Respiratory Disorders	19.0
Epilepsy/Convulsive Disorders	18.0
Heart/Cardiac Disorders	12.7
Blood Disorders (e.g., Sickle Cell Disease, Hemophilia, Leukemia)	10.5
Severe Allergies	10.4
Neurological Disorders	7.8
Diabetes	1.8
Other Health Disorders	19.8
TOTAL	100.00

There were 2,730 physically handicapped children enrolled in Full Year Head Start programs. The data on the specific conditions of physically handicapped are presented in Table 4.

TABLE 4

Specific Handicapping Conditions of Children Professionally Diagnosed as Physically Handicapped (Orthopedically Handicapped)

Specific Conditions	Percentage of Total
Cerebral Palsy	26.3
Congenital Anomalies	15.9
Deformed Limb	14.7
Bone Defect	9.6
Spina Bifida	5.7
Oro/Facial Malformation	3.8
Absence of Limb	3.3
Severe Scoliosis	1.7
Arthritis	1.6
Other	17.4
TOTAL	100.0

There were 2,713 specific learning disabled children enrolled in Full Year Head Start programs. The data on the specific conditions of specific learning disabled are presented in Table 5.

TABLE 5

Specific Handicapping Conditions of Children
Professionally Diagnosed as Specific Learning Disabled

Specific Conditions	Percentage of Total
Motor Handicaps	28.5
Perceptual Handicap	20.8
Sequencing and Memory	19.6
Minimal Brain Dysfunction	9.3
Hyperkinetic Behavior	9.1
Developmental Aphesia	5.9
Dyslexia	0.6
Other	6.2
TOTAL	100.0

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

- 9,763 (21.5 percent) of the handicapped children enrolled in the reporting Head Start programs have multiple handicapping conditions. This is a decline from the 10,981 multiply handicapped children reported last year and represents the third consecutive year of decline. Multiply handicapped children represented 27.7 percent of all handicapped children in 1978, 26.8 percent in 1979, and 25.1 percent last year.

Analysis by type of handicap is revealing. Compared to other handicapping conditions, deaf and mentally retarded children show the highest incidence of multiple handicap (69 and 68.9 percent) respectively. Table 6 provides specific data on the number of chidlren who have multiple handicapping conditions.

TABLE 6

Distribution of Number of Children by Primary or Most Disabling Handicap Who Have One or More Other Professionally Diagnosed Handicapped Conditions

Primary Handicapping Condition	Number of Children Reported	Number of Children With One or More Other Handicapping Conditions	Percent of Children Who Have One or More Other Conditions
Deafness	145	100	69.0
Mental Retardation	2,649	1,825	68.9
Specific Learning Disability	2,113	973	46.0
Hearing Impairment	1,547	680	44.0
Physical Handicap	2,730	984	36.0
Blindness	122	42	34.4
Serious Emotional Disturbance	2,739	904	33.0
Health Impairment	5,331	1,270	23.8
Visual Impairment	1,246	272	21.8
Speech Impairment	26,808	2,713	10.1
TOTAL	45,430	9,763	21.5

Finally, 14.1 percent of the handicapped children served required almost constant special assistance, 50.3 percent a fair amount of assistance, and 35.6 percent little or some assistance. The proportion of children reported as requiring almost constant special assistance reflected a decrease over last year and the proportion requiring little or some assistance reflected an increase over last year where 22.6 percent and 25.9 percent, respectively, were so reported. Some of the differences may be attributable to revisions in the definitions of special assistance included in the 1981 Survey Questionnaire. Deaf, blind, mentally retarded and seriously emotionally disturbed required the highest levels of almost constant special assistance.

CHAPTER 3

Services to Handicapped Children

Local Head Start programs developed and carried out activities and services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own staff, facilities, and other capability to meet the needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services and technical assistance. This chapter reports on the degree to which these activities and services are being performed, utilization of additional staff, and the need for facilities, training, and other capabilities to continue to meet the needs.

A. Outreach and Recruitment

Of the 1,766 Head Start programs, 93.8 percent reported special efforts to locate and recruit handicapped children. The proportion of programs reporting these special outreach efforts is about the same as reported in 1980.

A wide variety of sources were used by Head Start programs for outreach and recruitment. Most common among these were referrals by Head Start siblings (76.5 percent), former Head Start parents (75.7 percent), local school systems (73.3 percent), public health departments (72.8 percent), welfare agencies (72.7 percent), and newspaper articles (61.7 percent). More than half of the programs also passed out leaflets, utilized other agencies, door-to-door canvassing, letters, and radio or television announcements.

Head Start programs and other agencies serving handicapping children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provide the needed special services.

Of all Head Start programs, 644 (36.5 percent) reported 2,986 handicapped children that they were not able to enroll. Last year there were 2,973 children that Head Start could not enroll. Table 7 indicates the reasons why these children could not be enrolled. Most common among these reasons were: no openings were available; children's family did not meet income guidelines (this is in spite of the fact that Head Start programs tend to enroll some handicapped children as a part of their allowable over-income children); other agencies serve these children; and they did not fit age guidelines.

Four handicapping conditions accounted for over three-fourths of the children not enrolled. Speech impaired children comprised 46.5 percent of all children not enrolled; mentally retarded children, 11.6 percent; physically handicapped, 11 percent; and health impaired, 9.1 percent.

For children who could not be enrolled, Head Start programs often followed through to find an alternative. Of the programs which could not enroll one or more handicapped children, 75 percent referred these children to other agencies. These data reflect a slight decrease in proportion reporting such referrals last year (79.7 percent).

TABLE 7

Rank Ordering of Reported Reasons Why Some Handicapped Children Located by or Referred to Full Year Head Start Programs Were Not Enrolled

Reasons for Not Enrolling Some Handicapped Children	Number of Programs	Percent of the 644 Reporting Programs
No available openings	241	37.4
Child's family didn't meet income guidelines	232	36.0
Other agencies already serving child*	218	33.8
Did not fit age requirement	197	30.6
Child's parents refused	153	23.8
Lack of adequate transportation	140	21.7
Child's handicap was too severe for child to benefit	105	16.3
Other	116	18.0

B. Diagnosis and Assessment of Handicapped Children

The Head Start legislative definition of handicapped children excludes children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

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*Head Start programs do, however, serve children who are also served by other agencies when this would lead to the full provision of comprehensive services for the child.

In order to meet the legislated requirement for reporting and, more importantly, to insure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by appropriate professionals. At the time of the survey, all of the 45,430 children reported as handicapped had been diagnosed by qualified professionals.

Of these children, 28.5 percent had been diagnosed by public agency professionals, 28 percent by Head Start professionals (including consultants), 18.2 percent by private physicians, 13.4 percent by Head Start diagnostic teams (including consultants), and 11.9 percent by public agency diagnostic teams. Thus, the emphasis on Head Start participation in diagnosis of handicapped children is reflected in the evidence that 41.4 percent of all children were diagnosed by Head Start personnel or designated consultants. Of the 45,430 children, 20.8 percent had been referred by other agencies or individuals and diagnosed prior to Head Start.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals, employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

> **Step 1:** An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific handicap) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Table A in Chapter 1) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to insure confidentiality and to guard against mislabeling. No individual child is identified publicly as "handicapped." Only the aggregate numbers of children with specific handicapping conditions are reported by local Head Start programs to the ACYF.
>
> **Step 2:** The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An Individual Program Plan (IPP) or the Individual Education Plan (IEP) is developed based upon the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special education and related services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents and the child's teacher.

Step 4: Ongoing assessment of the child's progress is made by the Head Start teacher, the parents, and as needed by the diagnostic team. The Individual Program Plan and the delivery of services is modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include (1) updating the assessment information with the development of recommendations for future treatment, (2) an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child, and (3) transfer of files with parental consent. Public school is the primary agency responsible for following up to insure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team with close and continuing involvement of parents, appears to be the best way to assure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services—medical, dental, nutritional, mental health, social services, and parent participation—tailored to the specific capabilities of each child. In addition, handicapped children are to receive special education, therapy or other services, either within Head Start or as provided by other agencies. Parents of these handicapped children also receive training, counseling, and support services.

Mainstreaming - By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with nonhandicapped children early can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs where handicapped children are mainstreamed give disabled children a chance to play and learn with children who will someday be their co-workers, friends and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capabilities.

A two-year evaluation of mainstreaming in Head Start, conducted for ACYF*, indicated that mainstreaming in Head Start has been generally successful and has included nearly all handicapped children in Head Start. The study established that high levels of time spent in a mainstreaming situation was positively related to developmental gains and increased positive social interaction by Head Start handicapped children. Although trends varied as a function of the child's handicap and were not always statistically significant, the study does provide a validation of successful efforts by Head Start.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the nonhandicapped peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

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*Applied Management Sciences (AMS), an independent research firm, completed their evaluation of mainstreaming in Head Start in February of 1979. The AMS evaluation reports are available through the Educational Resources Information Center (ERIC) System. These reports with ED numbers are available for purchase from Computer Microfilm International Corp., ERIC document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703-841-1212). The ED numbers are ED 168-236 through 240, ED 168-291, ED 176-433, and ED 177-803.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis. In 1981, 98.2 percent of the Head Start programs that responded to the survey had enrolled at least one handicapped child. This is an increase from the 97.6 percent of the Head Start programs in 1980 and the 96 percent in 1979. Moreover, the survey showed that handicapped children were present in 89.5 percent of the Head Start centers and 81.4 percent of the Head Start classrooms in 1981. These levels are slightly higher than in 1980.

Special Services - Handicapped children have special needs which require special services. They may also require special equipment, materials, or modification of existing facilities. The special services required may be provided through Head Start or through outside agencies, or through a combination of both. Table 8 reports comparative levels for special services provided to handicapped children and their parents in 1979, 1980, and 1981, by reporting Head Start programs.

TABLE 8

Three Year Comparison of Special Services Provided to Handicapped Children Enrolled in Full Year Reporting Head Start Programs

Services Provided	1981	1980	1979
Total number of children who are receiving special education or related services in the classroom from Head Start staff	37,462	35,168	30,671
Total number of children who are receiving special services from other agencies	25,138	24,040	21,849
Total number of parents receiving special services from Head Start related to their child's handicap	38,438	34,287	30,028

In each category of special services, the trend of increased numbers of children or parents receiving special services continues. The number of children receiving special education or related services jumped 6.5 percent from 35,168 to 37,462 for reporting Head Start programs. This increase is less than the increase from 1979 to 1980 of 14.7 percent. The continued emphasis on mainstreaming handicapped children by providing these services in the Head Start classroom is reflected in these data although not at the rate of increase shown in earlier years. The total number of children receiving special services from other agencies also increased. Children served by other agencies increased 4.6 percent from 24,040 in 1980 to 25,138 in 1981. This increase is a little less in terms of percentage than the 1979-1980 increase. Finally, the number of parents receiving special services increased significantly from 1980 to 1981. The number of parents who were provided special services by Head Start rose 12.1 percent from 34,287 to 38,438. The percent of increase is less than that of last year, but continues the upward trend, which has more than doubled the number of parents served since 1976.

About 82.5 percent of the handicapped children received special education or related services in the classroom from Head Start staff and 55.3 percent received special services from other agencies. About 42.9 percent of the handicapped children received services from both sources and 5.5 percent received no special services at the time of the survey. This is a decrease in the proportion receiving no special services in the previous year when 6.7 percent were so reported.

Special Services Provided by Head Start

Head Start programs provide many special education and related services to handicapped children. These services range from individualized instruction to counseling for parents, and psychological and physical therapy. The proportion of programs providing these services varies by type of handicap and type of special services.

Head Start programs reported data on the special services provided by handicapping condition. All percentages reported for individual handicapping conditions represent the proportions only of those programs which had children with the handicapping condition. The services provided, in the general order of percentage of programs reporting these services, are as follows: individualized teaching techniques; counseling for parents or families; speech therapy, language stimulation; transportation; psychotherapy, counseling, behavior management; special teaching equipment; education in diet, food, health, and nutrition; other education services; physical therapy, physiotherapy; and occupational therapy.

Proportions of programs providing individualized instruction range from 55.6 percent for health impaired children to 88.3 percent for mentally retarded children. More than three fourths of the programs also provided individualized instruction for children with specific learning disabilities and for children who were blind, seriously emotionally disturbed, speech impaired and deaf. Counseling was provided in the greatest proportion to parents or families of seriously

emotionally disturbed children (63.3 percent). The lowest proportion was for visually impaired children (37.7 percent). Also, over half of the programs provided counseling for specific learning disabled, mentally retarded, deaf and speech impaired children.

Speech therapy and language stimulation were provided in the greatest proportion of programs (74.6 percent) to speech impaired children. It was provided in half or more of the programs to children with these handicapping conditions: mental retardation, deafness, specific learning disability and hearing impairment. The provision of transportation service ranged from 45.5 percent for mentally retarded children to 28.1 percent for visually impaired children.

Psychotherapy, counseling, or behavior management was provided most commonly to children with serious emotional disturbance (56.3 percent); children who were mentally retarded (35.5 percent), and children with specific learning disabilities (35 percent). Special teaching equipment was most frequently used with blind children (46.4 percent) and ranged from 30.4 percent of the programs for children who were mentally retarded to 11.9 percent for health impaired children.

Education in diet, food, nutrition, and health was most frequently given to health impaired children (36.5 percent), and next most frequently to mentally retarded children (24.3 percent) and specific learning disabled children (21.3 percent). Other education services were most frequently provided to deaf children (15.2 percent); physical therapy most commonly to physically handicapped children (21.6 percent); and occupational therapy most commonly (about 10 percent) to children with specific learning disabilities, and physical handicaps. The relative frequency with which these services were provided generally and by handicapping condition compared closely to the relative frequencies experienced in 1980.

Full data on all special education or related services provided by Head Start staff by handicapping condition appear in Appendix B.

Special Services Provided by Other Agencies

Head Start also received services for handicapped children in their program from other agencies. Generally, medical diagnosis, evaluation, or testing; speech therapy; language stimulation; family or parental counseling; and medical treatment; and assistance in obtaining special services were the most commonly reported services received by the programs. Following these, in order of their frequency were transportation; psychotheraphy, counseling, and behavior management; special equipment for the child; physical therapy; education in diet and nutrition; special teaching equipment; occupational therapy; and other services.

Medical diagnosis, evaluation, and testing were most frequently received by programs serving health impaired children (58.3 percent), physically handicapped children (53.8 percent) and mentally retarded children (51.1 percent). The proportion ranged from 33.3 percent to 49.8 percent for the other handicapping conditions. Speech therapy and language stimulation were predominantly received from other agencies by programs serving speech impaired children (72.9 percent), deaf children (66.4 percent) and mentally retarded children (52.3 percent).

The proportion of programs reporting that the handicapped children received family or parental counseling from other agencies varied from 57.2 percent of the programs with seriously emotionally disturbed children to 26.1 percent of the programs with visually impaired children.

Medical treatment was provided by other agencies to 69.2 percent of the programs serving health impaired children and 52.7 percent of those serving physically handicapped children. The proportion ranged from 17.7 percent for speech impaired to 38.1 percent for visually impaired children among the other handicapping conditions.

Assistance in obtaining special services was most commonly reported in Head Start programs serving deaf children (41.6 percent). Transportation was primarily provided to programs serving mentally retarded children (30.9 percent), while psychotherapy, counseling, and behavior management services were obtained most frequently from other agencies by programs with seriously emotionally disturbed children (60.3 percent). Special equipment for children was primarily provided to programs serving physically handicapped children (48.7 percent) and deaf children (44.8 percent). Physical therapy from other agencies was most frequently utilized by programs serving physically handicapped children (55.6 percent). Education in diet and nutrition from other agencies was concentrated mainly on programs serving health impaired children (32.1 percent), while special teaching equipment was supplied most often to programs serving blind children (50 percent). Occupational therapy was received by programs with physically handicapped children (21.4 percent) most frequently. Other services were provided to about 21% of those programs serving blind children, and deaf children.

As with special services provided by Head Start staff, these services from other agencies were provided at levels very similar to 1980.

Appendix C provides full data on the special services received from other agencies by handicapping condition.

Services Head Start Provided to Parents of Handicapped Children

Head Start provided numerous services to parents of handicapped children. The services provided, in the general order of percentage of programs reporting the provision of these services to parents, are as follows: counseling; referrals to other agencies; conferences with technical staff and other parent meetings; visits to homes, hospitals, etc.; transportation; literature and special teaching equipment; workshops; medical assistance; special classes; and other services.

Counseling was provided to parents by more than half of the programs serving children with the following handicapping conditions: serious emotional disturbance (69.1 percent of the programs); mental retardation (64 percent); specific learning disability (60.9 percent); speech impairment (54.9 percent); health impairment (54.7 percent); and deafness (52.8 percent). Referrals to other agencies were provided to parents of mentally retarded and seriously emotionally disturbed children by more than three-fifths of the programs serving these children and

43.7 percent to over half of the programs serving children with each of the other handicapping conditions. Conferences with technical staff were provided to parents by over one-half of the programs serving speech impaired and mentally retarded children, and ranged from about one-third of the programs serving visually impaired children to 49.7 percent of those serving children with specific learning disabilities. Visits to homes, hospitals, etc. ranged from over 37.7 percent of the programs serving visually impaired children up to 51.8 percent of the programs serving mentally retarded children. Parent meetings were most commonly held with parents of mentally retarded (45.5 percent), specific learning disabled (44.5 percent), seriously emotionally disturbed (44.3 percent) and speech impaired children (44.2 percent). Transportation was most frequently provided to parents of mentally retarded children (47.2 percent). Literature and special teaching equipment were most frequently provided to parents of speech impaired (48 percent), mentally retarded (45.2 percent) and learning disabled children (42.5 percent). Workshops were provided to parents in 32.5 percent of the programs serving mentally retarded children, 31.6 percent serving speech impaired and 31.5 percent serving learning disabled children. Medical assistance was primarily made available to parents for their health impaired children (31.8 percent). Special classes were most frequently provided to parents in programs serving deaf children (17.6 percent), and other services were primarily provided to parents of blind children (11.8 percent). These data are all highly similar to those reported for services to parents in 1980.

Full data on services to parents of handicapped children in Head Start are reported in Appendix D by handicapping condition of the children.

Other Special Services Provided by Head Start

In 1981, 95.8 percent of the Head Start programs had a coordinator of services for handicapped children as compared to 94.7 percent in 1980. This continues the general increase from 92 percent in 1979 and 89.4 percent in 1978. Additionally, 52.8 percent of the programs reported that the coordinator was full time. This, however, is a decrease in proportion of programs (65 percent) reporting a full time coordinator in 1980.

Head Start programs also made modifications in their physical facilities in order to meet the needs of handicapped children. The survey showed that 24.1 percent of the programs required special modifications in their physcial facilities to meet the needs of handicapped children. Of these, 216 programs, 50.8 percent had made the modifications and 20.5 percent had modifications scheduled. Another 28.7 percent stated that modifications were still required, in addition to those made or scheduled to be made.

In order to meet the needs of handicapped children, 1,065 programs (60.3 percent) had acquired or were acquiring special equipment or materials. About 18.1 percent of these programs (193) indicated that special transportation equipment was acquired to serve the handicapped children in their program. About 13.4 percent (236) of all programs indicated the need for special transportation equipment.

D. Training and Technical Assistance

If Head Start programs are to insure appropriate and high quality educational and developmental experiences for handicapped children, staff capability to work with handicapped children is critical. Indeed, the quality of Head Start services to handicapped children relies on such staff capability. Therefore, priority has been given to staff training with emphasis on teachers, aides, health and handicapped services coordinators. Four-fifths of the programs (80.4 percent) reported that preservice training had been provided to current staff, and 93.5 percent of the programs had provided inservice training to current staff during the program operating year.

Preservice

- About half of the programs provided preservice training in the areas of child development and general handicapping conditions; recognition of handicapping conditions; techniques of screening/assessment/diagnosis; and mainstreaming of the handicapped child. Additionally, 46 percent provided specialized in-depth training dealing with specific disabilities; most frequently reported was that for speech impairment by 37 percent of the programs. About one third to four-fifths of the programs provided preservice training in the areas of special education and curricula; health and medical needs; working with parents; and staff attitudes and sensitivity.

Inservice

- 69.7 percent of the programs that responded to the survey provided specialized, in-depth training dealing with specific disabilities as part of inservice training: most frequently reported was speech impairment by 52.6 percent of the programs. In addition 56.2 percent of the programs provided training on mainstreaming handicapped children and working with parents. Over one-half also reported providing inservice training in the areas of techniques of screening/assessment/diagnosis (54.8 percent), recognition of handicapping conditions (53.7 percent), and child development and general handicapping conditions (53.5 percent).

Programs also reported on the average number of preservice and inservice training hours provided to staff. For preservice training, 60.9 percent of the programs reported an average of 1-9 hours; 27.9 percent reported an average of 10-29 hours, and 10.6 percent reported 30 or more hours. For inservice training, 47.8 percent reported an average of 1-9 hours; 38.6 percent an average of 10-29 hours; and 13.3 percent reported 30 or more hours of training.

Of the 1,766 programs, 63.9 percent reported that the local Head Start programs had provided preservice training. Other providers of preservice training included private consultants (27.7 percent); Resource Access Projects (24.5 percent); HHS/ACYF contractors (16.9 percent); and special purpose agencies (13.4 percent).

Nearly three-fourths (72.5 percent) of the programs reported that the local Head Start programs had provided inservice training. Others providing inservice training included Resource Access Projects (51.0 percent); private consultants (38.7 percent); special purpose agencies (23.3 percent); HHS/ACYF contractors (19.8 percent); and others such as universities and colleges (18.9 percent).

Programs further reported that 35,415 staff members had participated in preservice training and 39,925 had participated in inservice training.

Of the total programs, 1,216 (68.9 percent) received technical assistance from other agencies for planning or implementing training about handicapped children. The agencies or organizations providing the training included the Resource Access Projects (43 percent of all programs), private consultants (27.9 percent), HHS/ACYF contractors (20.7 percent); and special purpose agencies (19.1 percent). Of all programs, 591 indicated that technical assistance received was sufficient for their needs (33.5 percent of all programs).

Among the 1,766 programs, 1,214 (68.7 percent) hired or had access to additional staff with Head Start funds earmarked to provide special assistance to handicapped children. These programs reported hiring 726 full-time teaching staff, 576 part-time teaching staff, 446 full-time specialist staff, and 2,562 part-time specialist staff (a total of 4,310 staff).

In addition to the staff hired from these funds, Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. In this regard, 727 (41.2 percent) of the programs arranged for 6,679 additional volunteers to provide special assistance to handicapped children and 745 (42.2 percent) utilized 2,891 additional staff from outside agencies. Of the volunteers which were utilized, 31.2 percent worked 1-9 hours per week; 20 percent, 10-19 hours per week; 14.2 percent, 20-29 hours per week; and 34.6 percent, 30 or more hours per week. During 1979-80, programs used 6,179 volunteers. This shows Head Start had the services of 500 more volunteers this year than last year. It is noteworthy that 48.8 percent of these volunteers gave 20 or more hours per week to this effort, indicating a considerable commitment to helping Head Start appropriately serve handicapped children.

Resource Access Projects (RAPs) - Head Start's commitment to individualization for all children, including those with handicaps, has facilitated a national thrust of mainstreaming handicapped children in a setting with nonhandicapped youngsters.

Head Start's effort to serve handicapped children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau of ACYF established a network of fifteen Resource Access Projects (RAPs) to serve a designated number of Head Start grantees in each ACYF region throughout the nation.

It is the responsibility of each RAP to assist Head Start in working with handicapped children. Activities performed by each RAP include the following:

- Identify local, regional and national resources;
- Determine local Head Start needs and match these needs with available resources;
- Coordinate the delivery of services to Head Start programs;
- Provide training and technical assistance;
- Promote and facilitate collaborative efforts between Head Start and other agencies; and
- Provide resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training designed to introduce the eight resource manuals in the series Mainstreaming Preschoolers* which focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with handicapped children. The RAPs are responsible for conducting a minimum of one workshop per State each year, and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

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*For the information of those working in programs for handicapped children, the series of eight program manuals detailing the procedures and techniques for mainstreaming handicapped preschoolers into Head Start classrooms is for sale by the Government Printing Office. Requests should be addressed to: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders must be accompanied by a check or money order made payable to the Superintendent of Documents. The orders must also include titles and GPO stock numbers. The documents that are available are Mainstreaming Preschoolers: Children With Mental Retardation (GPO Stock No. 017-092-00029-4), $6.50; Mainstreaming Preshoolers: Children With Visual Handicaps (GPO Stock No. 017-092-00030-8), $6.00; Mainstreaming Preschoolers: Children With Health Impairments (GPO Stock No. 017-092-00031-5), $6.50; Mainstreaming Preschoolers: Children With Hearing Impairments (GPO stock No. 017-092-00032-4), $6.50; Mainstreaming Preschoolers: Children With Speech and Language Impairments (GPO Stock No. 017-09200033-2) $6.50; Mainstreaming Preschoolers: Children With Orthopedic Handicaps (GPO Stock No. 017-092-00034-1), $6.50; Mainstreaming Preschoolers: Children With Learning Disabilities (GPO Stock No. 017-092-00035-9), $6.50; Mainstreaming Preschoolers: Children With Emotional Disturbances (GPO Stock No. 017-092-00036-7), $6.50.

Over a three year period of conducting mainstreaming training (1978-79 to 1980-81), a total of 33,835 persons have been trained at mainstreaming conferences or their equivalent. In 1980-81 the RAPS trained teachers and others, including supervisors and support staff, totaling 11,087. For the second year, a separate contract was awarded to evaluate the mainstreaming training. In a sample of about 400 Head Start programs contacted by the contractor evaluating the RAPs it was found that 37 percent of the Head Start teachers had received mainstreaming training during 1980-81. Evaluations by participants have shown these conferences were very successful.

Participants indicated they learned new skills for working with handicapped children and learned to work more comfortably with handicapped children. They anticipated they would do four or five things differently as a result of training (e.g. develop plans for the individual handicapped child, use new methods to work with handicapped children in the classroom,etc.). Follow-up evaluation conducted three to six months after the training took place, indicated that trainees had adopted an average of between four and five new practices as a result of the training conferences. Some common responses to "what have you done differently as a result of RAP training" were "observe more closely", "use the Mainstreaming Preschoolers manuals", "develop plans for the individual child", "relate better to parents of children with handicaps", and "work more closely with other staff providing services to each handicapped child".

The RAP training and the Mainstreaming Preschoolers series of manuals have been widely acclaimed not only throughout Head Start, but have also achieved recognition far beyond the Head Start programs for which they were primarily intended. The manuals have been sent to other federal agencies, national professional associations, volunteer organizations that provide services to handicapped children and State educational agencies. The series has been shared with other foreign governments as well. (At the 1980 UNICEF Executive Board Meeting, forty-two countries requested and were sent sets of the Mainstreaming Preschoolers manuals.)

Other major foci of the 15 RAPs include promoting collaboration between Head Start and other programs and agencies serving handicapped children, and facilitating the inclusion of Head Start in the State plans for serving handicapped children, required under P.L. 94-142. An interagency agreement between ACYF and the Office of Special Education in the Department of Education commenced in 1977 designating the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of the grantees in the development of State plans for preschool handicapped children as required under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 20 States. Nine new written agreements were signed during the 1980-81 program year, 7 of which were between ACYF and State Education Agencies, bringing the total number of agreements reported by RAPs to 24, including 4 in the Trust Territories of the Pacific Islands. In North Carolina, Head Start programs, working in agreement with the Local

Education Agency (LEA), are eligible to apply for early childhood incentive grant programs, with the LEA maintaining fiscal responsibility. In Wisconsin, Head Start programs and LEAs are encouraged to develop a cooperative system for monitoring, counting and reporting, and the transition of children from Head Start to public schools. In Utah, Head Start programs will provide census information to the annual Child Find effort; LEAs will ensure assessment for preschool children newly identified in this process. In Oregon, both Head Start and LEAs are encouraged to work jointly in developing I.E.P.s.

The list of fifteen RAPs in the network is provided in Table B.

E. Coordination With Other Agencies

Current Local Efforts - Head Start programs reported working with other agencies in several ways. Of the 45,430 handicapped children enrolled in the programs, 11,801 (26 percent) had been referred to Head Start by other agencies or individuals, including welfare departments, public school systems, Easter Seal Societies and Crippled Children Associations; of those referred, 9,429 (80 percent) were professionally diagnosed prior to Head Start.

Nineteen percent of the programs had received technical assistance from special purpose agencies in planning or implementing their training about handicapped children. Preservice training had been received by 13.4 percent of the programs and 23.3 percent received inservice training from special purpose agencies.

Fifty-five percent of the handicapped children in Head Start received special services from other agencies. These services included speech therapy, language stimulation, physical therapy, and other therapy related to the child's specific handicapping condition, special health services, special equipment for the child, and family counseling.

Forty-two percent of the programs utilized 2,891 additional staff from outside agencies to provide special assistance for handicapped children.

A total of 355 Head Start programs (20.1 percent) had a formal written agreement with local education agencies regarding the placement of and services to be provided to handicapped children upon entry to kindergarten or first grade.

F. Summer Head Start Programs

A survey of Head Start handicapped efforts in summer programs was conducted in July and August of 1980. The final response rate was 94.1 percent (80 of the 85 summer Head Start grantees and delegate agencies), an increase from the 91.6 percent for the previous summer.

TABLE B

DHHS Region	States Served	Resource Access Project (RAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	Georgetown University Child Development Center Washington, DC 20007
IV	Florida Georgia North Carolina South Carolina	Chapel Hill Training-Outreach Project Lincoln Center Chapel Hill, NC 27514
	Mississippi	Friends of Children Head Start Jackson, Mississippi 39213
	Alabama Kentucky Tennessee	The Urban Observatory of Metropolitan Nashville Nashville, Tennessee 37203
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe School Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	Portage Project Portage, Wisconsin 53901

DHHS Region	States Served	Resource Access Project (RAP)
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Projects Division Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Denver Research Institute/SSRE University of Denver Denver, Colorado 80208
IX	Arizona California Nevada	Child, Youth and Family Services Los Angeles, California 90026
	Pacific Trust Territories and Hawaii	University of Hawaii Honolulu, Hawaii 96822
X	Idaho Oregon Washington	Portland State University Division of Continuing Education Portland, Oregon 97201
	Alaska	Alaska Special Services Anchorage, Alaska 99501

Findings with respect to Summer Head Start programs are:

- Children professionally diagnosed as handicapped accounted for 14.5 percent of the children in summer programs. This reflects a decrease from the 15.5 percent in 1979 but, an increase over the 13.8 percent reported in summer 1978, 12.1 percent in summer 1977 programs, and 11.4 percent in summer 1976 programs.

- 95 percent of the summer Head Start programs served at least one handicapped child. This reflects an increase over the 90.9 percent reported for the previous summer.

The reporting summer Head Start programs provided data on the handicapping conditions of the enrolled children. The data are presented in Table 9.

TABLE 9

Distribution of Handicapped Children in Summer Head Start by Category of Handicapping Condition

Speech Impairment (communication disorder)	51.3
Specific Learning Disability	11.5
Mental Retardation	9.5
Hearing Impairment	7.9
Visual Impairment	5.5
Health Impairment	4.8
Physical Handicap (orthopedic handicap)	4.5
Serious Emotional Disturbance	4.2
Deafness	0.5
Blindness	0.3

Summer Head Start programs served severely handicapped children:

- 30.9 percent of the children in summer programs had multiple handicaps, an increase from the 23.9 percent in the prior summer's programs.

- 33.4 percent required "a fair amount" of assistance, 15.8 percent required "almost constant" special assistance, and 50.8 percent of the handicapped children required "little or some special assistance."

Summer Head Start programs worked with other agencies or individuals:

- 29.1 percent of the children professionally diagnosed as handicapped were referred to Head Start by other agencies or individuals, an increase from the previous summer when 24 percent were referred.

- Of those children diagnosed as handicapped, 35.3 percent were diagnosed by Head Start professionals, including consultants; 23.6 percent were diagnosed by private physicians; 19.7 percent were diagnosed by Head Start diagnostic teams, including consultants; 12.4 percent by qualified professionals in public agencies; and 9.1 percent by diagnostic teams in public agencies.

Handicapped children enrolled in Summer Head Start were receiving special education and other services:

- 37.5 percent were receiving special services from other agencies, and 67.8 percent were receiving special education or related services in the Head Start classroom from Head Start staff. Special services related to their child's handicapping condition were received from Head Start by 941 parents.

- In 83.8 percent of the summer programs, a person had been designated to coordinate services for handicapped children.

Special physical facilities and equipment/materials were provided in Summer Head Start programs:

- Five programs required special modifications in physical facilities for handicapped children and these had been made for four of the programs.

- 26.2 percent of all reporting programs had already acquired or will acquire special equipment or materials.

- Special transportation equipment was acquired by four programs, and three programs (3.8 percent of all programs) indicated special transportation equipment was needed.

Training was provided in Summer Head Start programs:

- In 52.5 percent of the programs, current program staff had received preservice training about handicapped children. Of these programs 66.7 percent reported 1-9 hours, 28.6 percent reported 10-29 hours, and 4.8 percent 30 or more hours of preservice training per staff member.

- In 41.2 percent of the programs, inservice training about handicapped children had been provided. Of these programs reporting 78.8 percent reported 1-9 hours, 15.2 percent reported 10-29 hours, and 6.1 percent reported 30 or more hours of inservice training per staff member.

CONCLUSION

In 1972, Head Start was given a Congressional mandate to make available at least 10 percent of its enrollment opportunities nationally to handicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported in the Annual Report to Congress in 1973. Children professionally diagnosed as handicapped have continued to account for at least 10 percent of the children enrolled in Head Start programs.

In 1974, the legislation required that beginning with Fiscal Year 1976 at least 10 percent of the enrollment opportunities in Head Start programs in each State were to be available for handicapped children. In 1980-81, only two States fell below the 10 percent enrollment level. The Head Start program is working with these States which fell below the 10 percent enrollment level.

Head Start serves professionally diagnosed handicapped children across the broad range of handicaps as mandated by the legislation. The largest proportion of handicapped children served continues to be the speech impaired. While the proportion of speech impaired is less than those served by the public schools, this continues to be an area of concern. An indepth study of this population served in Head Start is underway.

Head Start serves handicapped children that, in addition to meeting the diagnostic criteria, also require special services. Head Start programs provided the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. In addition, special education and support services were provided to meet the unique needs of the individual handicapped child. Almost all handicapped children received these special services. The Head Start program continues to work toward ensuring that all handicapped children receive these special services.

Another major focus of the Head Start program has been to promote collaboration between Head Start grantees and other programs and agencies serving handicapped children. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance. Local Head Start programs have also participated in the implementation of P.L. 94-142, the Education of All Handicapped Children Act, by working with local education agencies to insure that the number of handicapped children receiving Head Start services are included in the State "Child Find" efforts which search for unserved handicapped children.

Head Start's commitment to individualization for all children—including those with handicaps—has facilitated a national thrust of mainstreaming handicapped children in a setting with non-handicapped youngsters. In support of the Head Start mainstreaming movement, the Administration for Children, Youth and Families (ACYF) has funded a national network of fifteen Resource Access Projects (RAPs) to provide training and technical assistance regarding handicapped services to Head Start grantees. The RAPs also have been facilitating the participation of the grantees in the development of State plans for preschool handicapped children, as required under P.L. 94-142. Formal collaborative agreements describing how Head Start and State Education Agencies will coordinate services to preschool handicapped children are now in place in 20 States.

APPENDIX A

Survey Results of Handicapped Children in Head Start By State* (or Geographical Entity)

Full Year 1980-81

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed As Handicapped January-March 1981	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1981
Alabama	37	8,961	1,056	11.78
Alaska	3	800	79	9.88
Arizona	17	2,975	311	10.45
Arkansas	19	5,118	770	15.04
California	141	29,124	3,004	10.31
Colorado	25	4,661	576	12.36
Connecticut	24	4,099	373	9.10
Delaware	5	799	101	12.64
District of Columbia	7	1,857	139	7.49
Florida	31	10,370	1,237	11.93
Georgia	43	9,475	1,237	13.06
Hawaii	5	1,125	119	10.58
Idaho	9	1,008	211	20.93
Illinois	70	19,026	2,486	13.07

*State data excludes Migrant and Indian Programs.

APPENDIX A (Continued)

**Survey Results of Handicapped Children in Head Start By State*
(or Geographical Entity)**

Full Year 1980-81

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed As Handicapped January-March 1981	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1981
Indiana	35	5,470	704	12.87
Iowa	23	2,775	514	18.52
Kansas	21	2,495	458	18.36
Kentucky	46	9,135	1,199	13.13
Louisiana	36	8,462	970	11.46
Maine	13	1,524	261	17.13
Marvland	28	4,506	556	12.34
Massachusetts	28	7,051	752	10.67
Michigan	93	17,486	1,919	10.97
Minnesota	26	3,825	503	13.15
Mississippi	24	24,497	2,684	10.96
Missouri	22	7,706	1,227	15.92
Montana	9	942	139	14.76
Nebraska	14	1,521	286	18.80

*State data excludes Migrant and Indian Programs.

APPENDIX A (Continued)

Survey Results of Handicapped Children in Head Start By State*
(or Geographical Entity)

Full Year 1980-81

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed As Handicapped January-March 1981	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1981
Nevada	4	415	74	17.83
New Hampshire	6	645	105	16.28
New Jersey	33	7,448	845	11.35
New Mexico	22	3,224	371	11.51
New York	146	17,299	2,190	12.66
North Carolina	42	9,423	1,127	11.96
North Dakota	5	480	113	23.54
Ohio	75	18,013	2,121	11.77
Oklahoma	27	6,559	993	15.14
Oregon	19	2,631	437	16.61
Pennsylvania	63	13,382	2,253	16.84
Rhode Island	8	1,199	164	13.68
South Carolina	20	5,696	664	11.66
South Dakota	7	810	119	14.69

*State data excludes Migrant and Indian Programs.

APPENDIX A (Continued)

**Survey Results of Handicapped Children in Head Start By State*
(or Geographical Entity)**

Full Year 1980-1981

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed As Handicapped January-March 1981	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1981
Tennessee	25	7,920	1,121	14.15
Texas	91	18,349	1,858	10.13
Utah	10	1,581	197	12.46
Vermont	6	744	89	11.96
Virginia	31	4,267	625	14.65
Washington	26	3,287	535	16.28
West Virginia	24	3,585	543	15.15
Wisconsin	34	5,385	630	11.70
Wyoming	5	509	75	14.73
American Samoa**	0	0	0	0.00
Guam	1	331	55	16.62
Puerto Rico	28	13,499	1,495	11.07
Trust Territories of The Pacific Islands***	6	1,743	166	9.52
Virgin Islands	1	872	25	2.87

*State data excludes Migrant and Indian Programs.

**American Samoa did not have a Head Start Program in Full Year 1980-1981.

***Include Head Start Programs in the Commonwealth of Northern Mariana Islands, Marshall Islands, Palau, Ponape, Truk and Yap.

APPENDIX A (Continued)

**Survey Results of Handicapped Children in Head Start By State*
(or Geographical Entity)**

Full Year 1980-81

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed As Handicapped January-March 1981	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1981
State Subtotal	1,619	346,089	42,861	12.38
Indian Programs	93	12,349	1,286	10.41
Migrant Programs	54	11,661	1,283	11.00
Total	1,766	370,099	45,430	12.28

*State data excludes Migrant and Indian Programs.

APPENDIX B

Distribution of Programs Reporting Types of Special Educational Or Related Services Provided by Head Start Staff by Handicapping Condition

Full Year 1980-1981

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Individualized Teaching Techniques		Special Teaching Equipment		Psychotherapy, Counseling, Behavior Management		Physical Therapy, Physiotherapy		Speech Therapy, Language Stimulation	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	94	85.45	51	46.36	14	12.73	3	2.73	32	29.09
Visual Impairment	583	344	59.01	139	23.84	41	7.03	13	2.23	111	19.04
Deafness	125	95	76.00	36	28.80	13	10.40	3	2.40	75	60.00
Hearing Impairment	586	366	62.46	66	11.26	49	8.36	5	0.85	293	50.00
Physical Handicap	994	662	66.60	218	21.93	122	12.27	215	21.63	372	37.42
Speech Impairment	1,634	1,246	76.25	383	23.44	289	17.69	27	1.65	1,219	74.60
Health Impairment	1,055	587	55.64	125	11.85	173	16.40	54	5.12	349	33.08
Mental Retardation	761	672	88.30	231	30.35	270	35.48	51	6.70	519	68.20
Serious Emotional Disturbance	725	569	78.48	89	12.28	408	56.28	12	1.66	302	41.66
Specific Learning Disability	555	476	85.77	144	25.95	194	34.95	29	5.23	315	56.76

APPENDIX B (Continued)

Distribution of Programs Reporting Types of Special Educational Or Related Services Provided by Head Start Staff by Handicapping Condition

Full Year 1980-1981

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Occupational Therapy		Education In Diet, Etc.		Transportation		Counseling For Parent Or Family		Other Educational Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	7	6.36	18	16.36	31	28.18	51	46.36	12	10.91
Visual Impairment	583	15	2.57	62	10.63	164	28.13	220	37.74	33	5.66
Deafness	125	4	3.20	13	10.40	47	37.60	67	53.60	19	15.20
Hearing Impairment	586	7	1.19	74	12.63	178	30.38	228	38.91	31	5.29
Physical handicap	994	97	9.76	176	17.71	383	38.53	439	44.16	84	8.45
Speech Impairment	1,634	62	3.79	265	16.22	601	36.78	842	51.53	108	6.61
Health Impairment	1,055	45	4.27	385	36.49	354	33.55	503	47.68	69	6.54
Mental Retardation	761	69	9.07	185	24.31	346	45.47	456	59.92	61	8.02
Serious Emotional Disturbance	725	29	4.00	145	20.00	251	34.62	459	63.31	61	8.41
Specific Learning Disability	555	55	9.91	118	21.26	202	36.40	338	60.90	46	8.29

APPENDIX C

Distribution of Programs Reporting Types of Special Services Received From Other Agencies by Handicapping Condition

Full Year 1980-1981

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services							
		Physical Therapy		Speech Therapy Language Stimulation		Occupational Therapy		Medical Treatment	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	10	9.09	19	17.27	8	7.27	33	30.00
Visual Impairment	583	11	1.89	73	12.52	14	2.40	222	38.08
Deafness	125	9	7.20	83	66.40	9	7.20	24	19.20
Hearing Impairment	586	7	1.19	247	42.15	6	1.02	220	37.54
Physical Handicap	994	553	55.63	296	29.78	213	21.43	524	52.72
Speech Impairment	1,634	70	4.28	1,191	72.89	74	4.53	289	17.69
Health Impairment	1,055	106	10.05	212	20.09	62	5.88	730	69.19
Mental Retardation	761	121	15.90	398	52.30	98	12.88	260	34.17
Serious Emotional Disturbance	725	14	1.93	197	27.17	31	4.28	157	21.66
Specific Learning Disability	555	42	7.57	215	38.74	54	9.73	117	21.08

APPENDIX C (Continued)

Distribution of Programs Reporting Types of Special Services Received From Other Agencies by Handicapping Condition

Full Year 1980-1981

Handicapping Condition	Number Of Programs Serving Handicapped Children	Special Services							
		Medical Diagnosis, Evaluation Or Testing		Psychotherapy, Counseling, Behavior Management		Special Equipment For Child		Education In Diet, Nutrition	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	46	41.82	14	12.73	33	30.00	5	4.55
Visual Impairment	583	235	40.31	21	3.60	218	37.39	15	2.57
Deafness	125	61	48.80	11	8.80	56	44.80	3	2.40
Hearing Impairment	586	292	49.83	36	6.14	133	22.70	21	3.58
Physical Handicap	994	535	53.82	76	7.65	484	48.69	99	9.96
Speech Impairment	1,634	544	33.29	215	13.16	72	4.41	97	5.94
Health Impairment	1,055	615	58.29	119	11.28	109	10.33	339	32.13
Mental Retardation	761	389	51.12	201	26.41	98	12.88	92	12.09
Serious Emotional Disturbance	725	247	34.07	437	60.28	17	2.34	58	8.00
Specific Learning Disability	555	202	36.40	158	28.47	34	6.13	46	8.29

APPENDIX C (Continued)

Distribution of Programs Reporting Types of Special Services Received From Other Agencies by Handicapping Condition

Full Year 1980-1981

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Transportation		Special Teaching Equipment		Family Or Parental Counseling		Assistance In Obtaining Special Services		Other Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	22	20.00	55	50.00	49	44.55	38	34.55	23	20.91
Visual Impairment	583	69	11.84	61	10.46	152	26.07	114	19.55	29	4.97
Deafness	125	34	27.20	40	32.00	60	48.00	52	41.60	26	20.80
Hearing Impairment	586	94	16.04	47	8.02	173	29.52	148	25.26	55	9.39
Physical Handicap	994	209	21.03	70	7.04	379	38.13	347	34.91	50	5.03
Speech Impairment	1,634	307	18.79	179	10.95	581	35.56	415	25.40	88	5.39
Health Impairment	1,055	171	16.21	55	5.21	483	45.78	324	30.71	37	3.51
Mental Retardation	761	235	30.88	110	14.45	370	48.62	281	36.93	83	10.91
Serious Emotional Disturbance	725	138	19.03	43	5.93	415	57.24	227	31.31	58	8.00
Specific Learning Disability	555	111	20.00	62	11.17	234	42.16	162	29.19	54	9.73

APPENDIX D

Distribution of Programs Reporting Types of Special Services Provided to Parents of Handicapped Children by Handicapping Condition

Full Year 1980-1981

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services											
		Counseling		Literature/ Special Teaching Equipment		Referrals To Other Agencies		In-Service Meetings, Etc.		Special Classes		Medical Assistance	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	49	44.55	43	39.09	55	50.00	49	44.55	8	7.27	13	11.82
Visual Impairment	583	255	43.74	153	26.24	255	43.74	188	32.25	23	3.95	144	24.70
Deafness	125	66	52.80	47	37.60	62	49.60	46	36.80	22	17.60	21	16.80
Hearing Impairment	586	260	44.37	175	29.86	288	49.15	227	38.74	55	9.39	133	22.70
Physical Handicap	994	478	48.09	301	30.28	522	52.52	412	41.45	103	10.36	236	23.74
Speech Impairment	1,634	897	54.90	784	47.98	894	54.71	919	56.24	260	15.91	309	18.91
Health Impairment	1,055	577	54.69	383	36.30	547	51.85	422	40.00	64	6.07	335	31.75
Mental Retardation	761	487	63.99	344	45.20	473	62.16	417	54.80	94	12.35	191	25.10
Serious Emotional Disturbance	725	501	69.10	229	31.59	441	60.83	359	49.52	62	8.55	127	17.52
Specific Learning Disability	555	338	60.90	236	42.52	308	55.50	276	49.73	63	11.35	120	21.62

APPENDIX D (Continued)

Distribution of Programs Reporting Types of Special Services Provided to Parents of Handicapped Children by Handicapping Condition

Full Year 1980-1981

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Transportation		Workshops		Visits To Homes, Hospitals, Etc.		Parent Meetings		Other	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	31	28.18	20	18.18	42	38.18	36	32.73	13	11.82
Visual Impairment	583	216	37.05	112	19.21	220	37.74	235	40.31	15	2.57
Deafness	125	48	38.40	28	22.40	49	39.20	45	36.00	9	7.20
Hearing Impairment	586	222	37.88	132	22.53	226	38.57	221	37.71	19	3.24
Physical Handicap	994	406	40.85	254	25.55	428	43.06	405	40.74	46	4.63
Speech Impairment	1,634	640	39.17	517	31.64	731	44.74	722	44.19	93	5.69
Health Impairment	1,055	416	39.43	267	25.31	480	45.50	414	39.24	44	4.17
Mental Retardation	761	359	47.17	247	32.46	394	51.77	346	45.47	38	4.99
Serious Emotional Disturbance	725	278	38.34	203	28.00	356	49.10	321	44.28	29	4.00
Specific Learning Disability	555	223	40.18	175	31.53	255	45.95	247	44.50	25	4.50